

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

ADDRESS (number and street) 8400 Westpark Drive
2nd Floor
 Check if different than previously reported. (ACC)
McLean VA 22102-5116

2. **FEC IDENTIFICATION NUMBER** C00168070
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 11 23 2010 through 12 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Denise Clark
Signature of Treasurer Electronically Filed by Denise Clark Date 01 11 2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		24766.28
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	3091.25									
(c) Total Receipts (from Line 19)	26052.94	39631.56								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	29144.19	64397.84								
7. Total Disbursements (from Line 31)	7500.00	42753.65								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	21644.19	21644.19								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	21935.00	33526.76
(ii) Unitemized	4110.00	6043.36
(iii) TOTAL (add Lines 11(a)(i) and (ii)	26045.00	39570.12
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	26045.00	39570.12
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	7.94	61.44
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	26052.94	39631.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	26052.94	39631.56

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	753.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	753.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	42000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	7500.00	42753.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7500.00	42753.65

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	26045.00	39570.12
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26045.00	39570.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	753.65
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	753.65

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 22

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A.

Full Name (Last, First, Middle Initial)
Chris Archulette

Mailing Address 4500 Willow View Lane NW

City State Zip Code
Albuquerque NM 87120

FEC ID number of contributing federal political committee. C

Name of Employer Superior Ambulance Service Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.7579

Amount of Each Receipt this Period 1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Steven Athey

Mailing Address 201 Morning Dove CT

City State Zip Code
Argyle TX 76226

FEC ID number of contributing federal political committee. C

Name of Employer Health Care Visions Occupation Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.7570

Amount of Each Receipt this Period 300.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Shawn Baird

Mailing Address 1346 SE Tenind St

City State Zip Code
Portland OR 97202

FEC ID number of contributing federal political committee. C

Name of Employer Woodbern Ambulance Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.7543

Amount of Each Receipt this Period 125.00

Contribution

SUBTOTAL of Receipts This Page (optional) 1425.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A.	Full Name (Last, First, Middle Initial) Dale Berry			Date of Receipt		
	Mailing Address 1200 State Circle			M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 1 0		
	City	State	Zip Code	Transaction ID: SA11AI.7545		
	Ann Arbor	MI	48108	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee. C			250.00		
Name of Employer Huron Valley Ambulance		Occupation President				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00				

B.	Full Name (Last, First, Middle Initial) Janice Carbonneau			Date of Receipt		
	Mailing Address 54 Ridgewood Drive			M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 1 0		
	City	State	Zip Code	Transaction ID: SA11AI.7540		
	Atkinson	NH	03811	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee. C			75.00		
Name of Employer New Britain EMS		Occupation Assistant CEO				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00				

C.	Full Name (Last, First, Middle Initial) Rod Carroll			Date of Receipt		
	Mailing Address 2681 S. Pine Island Road			M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 1 0		
	City	State	Zip Code	Transaction ID: SA11AI.7576		
	Beaumont	TX	77713	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee. C			500.00		
Name of Employer Stat Care EMS		Occupation President				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00				

SUBTOTAL of Receipts This Page (optional)	▶	825.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A. Full Name (Last, First, Middle Initial)
Vincent Cissell

Mailing Address 5860 S Greenwood St

City State Zip Code
Littleton CO 80120

FEC ID number of contributing federal political committee. **C**

Name of Employer Columbia Ambulance Service
Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	1	0

Transaction ID: SA11AI.7522

Amount of Each Receipt this Period
250.00

Contribution

B. Full Name (Last, First, Middle Initial)
Howard Enloe

Mailing Address 103 Palonma Megd

City State Zip Code
Anthony NM 88021

FEC ID number of contributing federal political committee. **C**

Name of Employer Life Ambulance Service, Inc.
Occupation Owner/Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	1	0

Transaction ID: SA11AI.7549

Amount of Each Receipt this Period
375.00

Contribution

C. Full Name (Last, First, Middle Initial)
James D. Fuiten

Mailing Address 9240 NW Groveland

City State Zip Code
Hillsboro OR 97124

FEC ID number of contributing federal political committee. **C**

Name of Employer Metro West
Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	1	0

Transaction ID: SA11AI.7577

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **1625.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A. Full Name (Last, First, Middle Initial)
Harvey L. Hall

Mailing Address 1001 - 21st Street

City Bakersfield State CA Zip Code 93301

FEC ID number of contributing federal political committee. **C**

Name of Employer Hall Ambulance Service Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 22 / 2010

Transaction ID: SA11AI.7647

Amount of Each Receipt this Period 250.00

Contribution

B. Full Name (Last, First, Middle Initial)
Rachel Harracksingh

Mailing Address 10633 Vista Alegre

City El Paso State TX Zip Code 79935

FEC ID number of contributing federal political committee. **C**

Name of Employer Life Ambulance Service Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 30 / 2010

Transaction ID: SA11AI.7566

Amount of Each Receipt this Period 250.00

Contribution

C. Full Name (Last, First, Middle Initial)
William Hathaway

Mailing Address 2555 South Stream Rd

City Bennington State VT Zip Code 05201

FEC ID number of contributing federal political committee. **C**

Name of Employer Bennington Rescue squad Occupation Exc Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 30 / 2010

Transaction ID: SA11AI.7550

Amount of Each Receipt this Period 100.00

Contribution

SUBTOTAL of Receipts This Page (optional) ▶ 600.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 22
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A.	Full Name (Last, First, Middle Initial) Russell Honeycutt	Date of Receipt MM / DD / YYYY 11 / 30 / 2010
	Mailing Address 223 Pebblebrook Lane	Transaction ID: SA11AI.7535
	City State Zip Code Macon GA 31220	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Hinson Systems/National Vice President Reimbu Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00

B.	Full Name (Last, First, Middle Initial) Russell Honeycutt	Date of Receipt MM / DD / YYYY 12 / 01 / 2010
	Mailing Address 223 Pebblebrook Lane	Transaction ID: SA11AI.7648
	City State Zip Code Macon GA 31220	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Hinson Systems/National Vice President Reimbu Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00

C.	Full Name (Last, First, Middle Initial) Russell Honeycutt	Date of Receipt MM / DD / YYYY 12 / 06 / 2010
	Mailing Address 223 Pebblebrook Lane	Transaction ID: SA11AI.7629
	City State Zip Code Macon GA 31220	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Hinson Systems/National Vice President Reimbu Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A. Full Name (Last, First, Middle Initial)
Jon Howell

Mailing Address 251 Bishop Farm Way

City State Zip Code
Huntsville AL 35806

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HEMSI CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.7544

Amount of Each Receipt this Period
150.00

Contribution

B. Full Name (Last, First, Middle Initial)
James S. Johnson

Mailing Address 1801 Mockingbird Lane

City State Zip Code
Enid OK 73703

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Life EMS President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.7580

Amount of Each Receipt this Period
1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Wayne Jurecki

Mailing Address 1111 N Marchall St #1002

City State Zip Code
Mulwaukee WI 53202

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Bell Ambulance VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.7581

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 2150.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 22

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A.

Full Name (Last, First, Middle Initial)

Kevin M. Lyons

Mailing Address 135 Maple St

City State Zip Code
Damens MA 01923

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Ambulance Service

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.7586

Amount of Each Receipt this Period

2500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Thomas McEntee

Mailing Address 8489 Sunshine Ln

City State Zip Code
Riverside CA 92508

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AMR

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 335.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.7529

Amount of Each Receipt this Period

85.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Thomas McEntee

Mailing Address 8489 Sunshine Ln

City State Zip Code
Riverside CA 92508

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AMR

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 420.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7654

Amount of Each Receipt this Period

85.00

Contribution

SUBTOTAL of Receipts This Page (optional)

2670.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 22
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A.

Full Name (Last, First, Middle Initial)
James McPartlon

Mailing Address 1015 DiBella Dr

City State Zip Code
Schenectady NY 12303

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mohawk Ambulance Services VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 666.66

Date of Receipt
MM / DD / YYYY
11 / 30 / 2010

Transaction ID: SA11AI.7534

Amount of Each Receipt this Period
166.66

Contribution

B.

Full Name (Last, First, Middle Initial)
James McPartlon

Mailing Address 1015 DiBella Dr

City State Zip Code
Schenectady NY 12303

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mohawk Ambulance Services VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 833.32

Date of Receipt
MM / DD / YYYY
12 / 01 / 2010

Transaction ID: SA11AI.7655

Amount of Each Receipt this Period
166.66

Contribution

C.

Full Name (Last, First, Middle Initial)
Mark D Meijer

Mailing Address 2568 Fletcher Drive, NE

City State Zip Code
Grands Rapids MI 49506

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Life EMS Ambulance Paramedic/Business Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2010

Transaction ID: SA11AI.7521

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **1333.32**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 22
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A.

Full Name (Last, First, Middle Initial)
Mark D Meijer

Mailing Address 2568 Fletcher Drive, NE

City State Zip Code
Grands Rapids MI 49506

FEC ID number of contributing federal political committee. **C**

Name of Employer Life EMS Ambulance Occupation Paramedic/Business Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2010

Transaction ID: SA11AI.7626

Amount of Each Receipt this Period
100.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Louis Meyer

Mailing Address 10644 N. Oakwilde Avenue

City State Zip Code
Stockton CA 95212

FEC ID number of contributing federal political committee. **C**

Name of Employer AMR Occupation CEO - Regional

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2010

Transaction ID: SA11AI.7537

Amount of Each Receipt this Period
200.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Louis Meyer

Mailing Address 10644 N. Oakwilde Avenue

City State Zip Code
Stockton CA 95212

FEC ID number of contributing federal political committee. **C**

Name of Employer AMR Occupation CEO - Regional

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt
MM / DD / YYYY
12 / 01 / 2010

Transaction ID: SA11AI.7649

Amount of Each Receipt this Period
200.00

Contribution

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A.	Full Name (Last, First, Middle Initial) James O'Connor	Date of Receipt MM / DD / YYYY 11 / 30 / 2010
	Mailing Address 2888 Heathercrest Drive	Transaction ID: SA11AI.7572
	City Yorktown State NY Zip Code 10598	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Metro Care Ambulance Occupation Senior V.P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

B.	Full Name (Last, First, Middle Initial) Jamie Pafford-Gresham	Date of Receipt MM / DD / YYYY 11 / 30 / 2010
	Mailing Address 3317 W 16	Transaction ID: SA11AI.7551
	City Hope State AR Zip Code 71801	Amount of Each Receipt this Period 1200.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Pafford EMS Occupation Owner/Operator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1200.00	

C.	Full Name (Last, First, Middle Initial) Jamie Pafford-Gresham	Date of Receipt MM / DD / YYYY 11 / 30 / 2010
	Mailing Address 3317 W 16	Transaction ID: SA11AI.7573
	City Hope State AR Zip Code 71801	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Pafford EMS Occupation Owner/Operator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1700.00	

SUBTOTAL of Receipts This Page (optional)	2200.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 22		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A.	Full Name (Last, First, Middle Initial) Aaron Reihert	Date of Receipt MM / DD / YYYY 11 / 30 / 2010
	Mailing Address 29251 Potassium St NW	Transaction ID: SA11AI.7548
	City State Zip Code Isanti MN 55040	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Lake Regions EMS Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Julie Ann Rose	Date of Receipt MM / DD / YYYY 11 / 30 / 2010
	Mailing Address 1123 Chestnut Drive	Transaction ID: SA11AI.7527
	City State Zip Code Ashtabula OH 44004	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Community Care Ambulance Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 833.40	

C.	Full Name (Last, First, Middle Initial) Julie Ann Rose	Date of Receipt MM / DD / YYYY 12 / 01 / 2010
	Mailing Address 1123 Chestnut Drive	Transaction ID: SA11AI.7656
	City State Zip Code Ashtabula OH 44004	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Community Care Ambulance Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 916.74	

SUBTOTAL of Receipts This Page (optional)	466.68
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A. Full Name (Last, First, Middle Initial)
Lauren Rubinson

Mailing Address 123 Oakmont

City State Zip Code
Deerfield IL 60015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEA Service CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1770.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2010

Transaction ID: SA11AI.7582

Amount of Each Receipt this Period
1020.00

Contribution

B. Full Name (Last, First, Middle Initial)
John Russell

Mailing Address 2034 Pamela

City State Zip Code
Cape Girardeau MO 63701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Cape County Private Ambulance President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2010

Transaction ID: SA11AI.7585

Amount of Each Receipt this Period
1500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Greg L Shore

Mailing Address 115 Andrea Point

City State Zip Code
Anderson SC 29621

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MedShore Ambulance CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2010

Transaction ID: SA11AI.7575

Amount of Each Receipt this Period
500.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **3020.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 22
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A.

Full Name (Last, First, Middle Initial) Jon Smelley		Date of Receipt MM / DD / YYYY 11 / 30 / 2010
Mailing Address 10303 House Bend Rd		Transaction ID: SA11AI.7583
City Northport	State AL	Zip Code 35475
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1100.00
Name of Employer Northstar EMS	Occupation Corporate Officer	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

B.

Full Name (Last, First, Middle Initial) Randy Strozyk		Date of Receipt MM / DD / YYYY 11 / 30 / 2010
Mailing Address 9209 181 Street Avenue East		Transaction ID: SA11AI.7536
City Bonney Lake	State WA	Zip Code 98390
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer American Medical Response	Occupation Vice President	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

C.

Full Name (Last, First, Middle Initial) Randy Strozyk		Date of Receipt MM / DD / YYYY 12 / 01 / 2010
Mailing Address 9209 181 Street Avenue East		Transaction ID: SA11AI.7652
City Bonney Lake	State WA	Zip Code 98390
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer American Medical Response	Occupation Vice President	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A.	Full Name (Last, First, Middle Initial) Ronald Thackery	Date of Receipt MM / DD / YYYY 11 / 30 / 2010
	Mailing Address 9922 S. Silver Maple Road	Transaction ID: SA11AI.7546
	City State Zip Code Highlands Ranch CO 80129	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer American Medical Response Occupation VP Risk Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Kurt Williams	Date of Receipt MM / DD / YYYY 11 / 30 / 2010
	Mailing Address 2122 Willow Street	Transaction ID: SA11AI.7528
	City State Zip Code San Diego CA 92106	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer American Medical Response Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 835.06	

C.	Full Name (Last, First, Middle Initial) Kurt Williams	Date of Receipt MM / DD / YYYY 12 / 01 / 2010
	Mailing Address 2122 Willow Street	Transaction ID: SA11AI.7650
	City State Zip Code San Diego CA 92106	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer American Medical Response Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 920.06	

SUBTOTAL of Receipts This Page (optional)	420.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A. Full Name (Last, First, Middle Initial)
Michael Woronka
Mailing Address 50 Hill Street
City Methuen State MA Zip Code 01844
FEC ID number of contributing federal political committee. **C**
Name of Employer Action Ambulance Service Occupation Paramedic
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 11 / 30 / 2010
Transaction ID: SA11AI.7578
Amount of Each Receipt this Period 1000.00
Contribution

B. Full Name (Last, First, Middle Initial)
Gerald Zapolnik
Mailing Address 1116 Rathfan Circle
City Saline State MI Zip Code 48176
FEC ID number of contributing federal political committee. **C**
Name of Employer Huron Valley Ambulance Occupation VP Support Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 11 / 30 / 2010
Transaction ID: SA11AI.7533
Amount of Each Receipt this Period 100.00
Contribution

C. Full Name (Last, First, Middle Initial)
Gerald Zapolnik
Mailing Address 1116 Rathfan Circle
City Saline State MI Zip Code 48176
FEC ID number of contributing federal political committee. **C**
Name of Employer Huron Valley Ambulance Occupation VP Support Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1100.00
Date of Receipt 12 / 01 / 2010
Transaction ID: SA11AI.7651
Amount of Each Receipt this Period 100.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 1200.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 21 / 22	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A.

Full Name (Last, First, Middle Initial) Rick Zehetner		Date of Receipt																					
Mailing Address 212 E Ravine Dr		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	3	0	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	3	0	/	2	0	1	0														
City	State	Zip Code	Transaction ID: SA11AI.7584																				
Meguon	WI	53092	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.	C		1500.00																				
Name of Employer Bell Ambulance Inc	Occupation President		Contribution																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼																						
	1500.00																						

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	21935.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A.	Full Name (Last, First, Middle Initial) FRIENDS OF KENT CONRAD	Transaction ID: SB23.7660 Date of Disbursement
	Mailing Address PO BOX 812	<input type="text" value="12"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City BISMARCK State ND Zip Code 58502	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name GAYLORD KENT CONRAD	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF KENT CONRAD	Transaction ID: SB23.7662 Date of Disbursement
	Mailing Address PO BOX 812	<input type="text" value="12"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City BISMARCK State ND Zip Code 58502	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1500.00"/>
	Candidate Name GAYLORD KENT CONRAD	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS	Transaction ID: SB23.7658 Date of Disbursement
	Mailing Address PO BOX 586	<input type="text" value="12"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City HELENA State MT Zip Code 59624	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name MAX BAUCUS	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="7500.00"/>